

1. County in which you are applying New Castle ____ Kent ____ Sussex ____
2. Name
 Last First Middle Suffix
3. Address
 Street City State Zip Code
4. Telephone Number: Home _____ Work _____ Other _____
5. Driver's License (State ID Number):
6. Social Security Number:
7. Date of Birth: _____ Place of Birth: _____ Citizenship:
8. Height: _____ Weight: _____ Eyes: _____ Hair: _____ Sex: ____
9. Occupation:
10. Name of Employer:
11. Address of Employer/Place of Business:
12. Reason for Application (Be **VERY** Specific)

13. Have you ever been convicted of any alcohol related offense? Yes ____ No ____
If yes, List date(s), place(s), offense(s), and sentence(s) _____

14. Have you ever been convicted in this State or elsewhere of a felony or a crime of violence involving physical injury to another, whether or not armed with or having in your possession any weapon during the commission of such felony or crime of violence?
Yes ____ No ____
15. Have you ever been committed for a mental disorder to any hospital, mental institution, or sanitarium? Yes ____ No ____ If yes, do you possess a certificate of a medical doctor or psychiatrist licensed in this State that you no longer suffer from a mental disorder which interferes or handicaps you from handling deadly weapons? Yes ____ No ____
(If yes, attach a copy of the certificate.)
16. Have you ever been convicted for the unlawful use, possession, or sale of a narcotic, dangerous drug, or central nervous system depressant or stimulant? Yes ____ No ____
17. Have you ever been, as a juvenile, adjudicated as delinquent for conduct which, if committed by an adult, would constitute a felony? Yes ____ No ____ (A response to this question is not required if you have reached your 25th birthday.)

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET

DECLARATION AND AFFIRMATION OF APPLICANT

18. I _____, Applicant, respectfully state that I am desirous of being licensed to carry a concealed deadly weapon, for the protection of my person or property, or both, and for the particularized need stated in this application.

I DO HEREBY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF; AND I SO INDICATE BY SIGNING BELOW IN THE DESIGNATED SPACE. I HAVE FULFILLED ALL REQUIREMENTS OF THIS APPLICATION AS INSTRUCTED. I AGREE TO SUPPLY ANY ADDITIONAL INFORMATION NEEDED IN CONNECTION WITH THIS APPLICATION.

ANY FALSE INFORMATION WILL BE SUFFICIENT GROUNDS FOR DENIAL OF THIS APPLICATION.

Wherefore, Applicant prays that the Superior Court issue a license pursuant to 11 *Del. Code* § 1441.

19. _____ 20. _____
Signature of Applicant Date

21. STATE OF DELAWARE)
)SS.
 _____ County)

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____ A.D.,

Notary Public

22. Photograph of Applicant
(1½" x 1½" square)
Attach two photos
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FOR OFFICIAL USE ONLY

23. **Reviewer Recommendation**
Approved _____ Denied _____
Unrestricted _____ Restricted _____
Remarks _____
By _____

24. **Superior Court**
Approved _____ Denied _____
Unrestricted _____ Restricted _____
License No. _____
Remarks _____
By _____
Judge

Date

Filing Fee \$34.50